

PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission 11

Application Number	09/579,746
Filing Date	05/26/2000
First Named Inventor	Cox et al.
Group Art Unit	2683
Examiner Name	Le, T.
Attorney Docket Number	CM03931H

ENCLOSURES

(check all that apply)

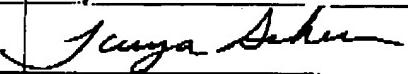
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks _____	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Transmittal of Formal Drawings

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Jeffrey K. Jacobs	Registration No.	44,798
Signature			
Date	December 6, 2002		

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office.

Typed or printed name	Tanya Scheuer
Signature	
Date	December 6, 2002

12/6/02

Complete if Known

FEE TRANSMITTAL

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Application Number	09/579,746
Filing Date	05/26/2000
First Named Inventor	Cox et al.
Examiner Name	Le, T.
Group Art Unit	2683

Attorney Docket No. CM03931H

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

 Charge Any Additional Fee required under 37 CFR 1.18 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

 Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code	Fee Paid
101	740	201
108	330	206
107	610	207
109	740	208
114	160	214
		80
Utility filing fee		
Design filing fee		
Plant filing fee		
Reissue filing fee		
Provisional filing fee		

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/> - 20 = <input type="checkbox"/>	X 18 = <input type="checkbox"/>	<input type="checkbox"/> 84 = <input type="checkbox"/>	

Multiple Dependent

280 =

Large Entity Fee Code (\$)	Small Entity Fee Code	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	64	* Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissue, see above

SUBMITTED BY

Name (Print/Type) Jeffrey K. Jacobs

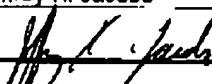
* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$ 110.00)

Complete (if applicable)

Registration No. 44,798

Telephone 847-576-5582

Signature 

Date December 6, 2002



Motorola, Inc.
Intellectual Property Section
Law Department
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Schaumburg, IL 60196
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12 Number of Pages (Including this page)
10

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Date: December 6, 2002

To: Le, T. – Group 2683

Location: United States Patent and Trademark Office

Fax No.: 703-872-9314

From: Jeffrey K. Jacobs (Registration No. 44,798)

Subject: Serial No. 09/579,746 – Cox et al.

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MESSAGE:

Enclosed herewith, please find an Amendment for filing in the below-identified application.

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	<u>Le, T.</u>
GROUP ART UNIT:	<u>2683</u>
SERIAL NO.:	<u>09/579,746</u>
FILED:	<u>05/26/2000</u>
INVENTOR:	<u>Cox et al.</u>
Attorney Docket #:	<u>CM03931H</u>